Date:	8/16/2024
Your Name:	Bordenave Jennifer
Manuscript Title:	[Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humansusing single cell analyses $\big]$
Manuscript Number (if known):	180331-JCI-CMED-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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		Time frame: past 36 month	s
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3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	8/20/2024
Your Name:	Gajda
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
Manuscript Number (if known):	180331-JCI-CMED-RV-

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3	Royalties or licenses		None	

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Date:	8/19/2024
Your Name:	Michonneau
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
Manuscript Number (if known):	180331-JCI-CMED-RV-2

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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Novartis CSL Behring Sanofi	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Novartis Incyte Mallinckrodt Sanofi	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Jazz Pharmaceutical	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Novartis	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Incyte Sanofi	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3

Date:	8/20/2024
Your Name:	Vallet
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
Manuscript Number (if known):	180331-JCI-CMED-RV-

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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\textstyle I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/17/2024
Your Name:	Mathieu F Chevalier
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
Manuscript Number (if known):	180331

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Image: square of the property o	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/16/2024
Your Name:	CLAPPIER Emmanuelle
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
Manuscript Number (if known):	180331

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		Time frame: past 36	months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Amgen Servier	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/20/2024
Your Name:	Lemaire
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
Manuscript Number (if known):	180331-JCI-CMED-RV-

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3	Royalties or licenses		None	

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/19/2024
Your Name:	MATHIS
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
Manuscript Number (if known):	180331-JCI-RG-RV-2

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		Time frame: past 36 month:	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/20/2024
Your Name:	Robin
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
Manuscript Number (if known):	180331-JCI-CMED-RV-

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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/20/2024
Your Name:	XHAARD
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
Manuscript Number (if known):	180331-JCI-CMED-RV-

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1	1 All support for the present manuscript (e.g., funding, provision of study materials,		Time frame: Since the initial planning None	Of the work Click the tab key to add additional rows.
m a c N	medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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Date:	8/20/2024
Your Name:	Sicre de Fontebrune
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
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3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Alexion SOBI Novartis Pfizer	Institution Institution Institution Me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	8/20/2024
Your Name:	Corneau
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
Manuscript Number (if known):	180331-JCI-CMED-RV-

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/19/2024
Your Name:	Caillat-Zucman Sophie
Manuscript Title:	Click or tap here to enter text.
Manuscript Number (if known):	Click or tap here to enter text.

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		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Teertify that Thave answered every question and have not aftered the words

Date:	8/20/2024
Your Name:	Peffault de Latour
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses
Manuscript Number (if known):	180331-JCI-CMED-RV-

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		Time frame: Since the initial planning	of the work
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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None Alexion Novartis	Me Me
		Pfizer SOBI	Me Me
5	Payment or honoraria for lectures,	□ None Alexion	Me
	presentations, speakers bureaus, manuscript writing or	Novartis Pfizer SOBI	Me Me Me
	educational events		
6	Payment for expert testimony	None ■	
7	Support for attending	□ None	
	meetings and/or travel	Alexion Novartis Pfizer SOBI	Me Me Me Me
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring Board or Advisory Board	Alexion Novartis Pfizer SOBI	Me Me Me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	8/20/2024	
Your Name:	Emmanuel Curis	
Manuscript Title:	Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses	
Manuscript Number (if known):	180331-JCI-CMED-RV-2	

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		Time frame: Since the initial planning o	of the work
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		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commo	ents (e.g., if payments were ur institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			8/16/2024			
Your Name:			Socie			
Manuscript Title:			Deciphering bone marrow engraftment after allogeneic stem cell transplantation in humans using single cell analyses			
Manuscript Number (if known):		nown):	180331-JCI-CMED-RV-3			
confliction affer indicate the confliction of the c	tent of your manuscricted by the content of cate a bias. If you are author's relationship	pt. "Rel of the ma e in doub s/activiti nsion, yo	eask you to disclose all relationships/activities/interests listed below that are related to the ted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the is should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.			
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			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	× N	one	Click the tab key to add additional rows.		
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	this item.		Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ N	one	Institution		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Novartis	Me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Novartis Incyte	Me Me
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
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